

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/523736

AFFILIANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		2		1			52						
3		2		1			53						
4		3		1			54						
5		3		1			55						
6	3	1		1			56						
7		1		1			57						
8		2		1			58						
9		2		1			59						
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42							92						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	1	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	8	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			9				TOTAL CLAIMS						